PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

WASHINGTON DC SUGHRUE/265550

65565

APPLICATION NO.

CUSTOMER NUMBER
SUGHRUE MION, PLLC

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800

Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.

WASHINGTON, DC 20037

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO. CONFIRMATION NO.

APPLICATION I	NO. FILIN	FILING DATE FI		ST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/506,802 09/0		7/2004 Katsuya W		atsuya WATAN	NABE	Q834	137	6804	
TITLE OF INVENTION OF DESULFURIZAT						LYST, PROCESS FO	R PRODUCING	THE SAME, AND METHOD	
APPLN, TYPE	SMALL ENTITY			PUBLICATI FEE	ION PREV.	PAID ISSUE FEE TOTAL FEE DUE		E(S) DATE DUE	
nonprovisional	NO \$1510.00			\$300.00		\$0.00	\$1,810.00	02/19/2010	
EXAMINER				ART UNI	T CLA	SS-SUBCLASS			
Diana J. LIAO				1793		502-223000			
1. Change of correspon	ndence address or ind	ication of "Fo	e Address" (37 CFR 1.363	2. For printing	on the patent front p	age list	Sughrue Mion, PLLC	
\square Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.					attorneys or agents OR, alternatively, 2				
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB47 03-02 or more recent) ATTACHED. Use of a Customer Number is required.					d. member a registered attorney or agent) and the a names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME PLEASE NOTE: Unk recordation as set forth	ess an assignee is ide	ntified below	, no assigne	e data will appe	ar on the paten	. If an assignee is id	entified below, th	ne document has been filed for	
(A) NAME OF ASSIC	NEE (B) RESI	DENCE: (CI	TY and STA	TE OR COUN	TRY)				
PETROLEUM ENER		Tokyo, Jap							
COSMO OIL CO., LT		Tokyo, Jap							
		ory or catego	ories (will no					ate group entity Government	
					4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
☑ Issue Fcc					A check is enclosed.				
					 □ Payment by credit card. Form 1310-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any 				
☐ Advance Order - #	of Copies			overpayme	overpayment, to Deposit Account Number 19-4880.				
				☑ The US	PTO is directed		harge all required	d fees to Deposit Account No count.	
5. Change in Entity St	atus (from status ind	icated above)							
a. Applicant claims								See 37 CFR 1.27(g)(2).	
	and Publication Fee	(if required)	will not be a	ccepted from an	yone other than			he application identified above agent; or the assignee or othe	
Authorized Signature /Bruce E. Kramer/ 33725 for			for	Date			February 18, 2010		
Typed or Printed Name Brett S. Sylvester				Registration No. 32,765					